

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10668389  
APPLICANT(S) \_\_\_\_\_

FILING DATE 09-24-08

CLAIMS						
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2		1				
3		2				
4		2				
5		2				
6		2				
7		2				
8		2				
9		2				
10	1					
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TOTAL IND.	2					
TOTAL DEP.	49					
TOTAL CLAIMS	51					
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